

**RONALD FANTOZZI**

**13 OF 18**

**ST. MARY'S REGIONAL  
MEDICAL CENTER**

Lewiston, ME 04240

7259582

MS-304

22-13-42

**DISCHARGE SUMMARY**

FANTOZZI, RONALD M

DOB: [REDACTED] 62

PAUL MAILHOT, M.D.

Admitted: 09/16/97

Discharged: 09/22/97

Dictator: PAUL MAILHOT, M.D.

Mr. Fantozzi is a 35-year-old white male with known Crohn's disease and a past history of urolithiasis. He was admitted via the emergency department for left renal colic which began during the night. An intravenous pyelogram showed a 9 to 10 mm calculus obstructing the left kidney at a point just below the ureteropelvic junction. There appeared to be some smaller residual calculi within the kidney itself. The patient denied fever, chills, nausea and vomiting.

Mr. Fantozzi underwent treatment with narcotic analgesics and hydration. He was then taken to the operating room where he underwent cystoscopy and insertion of a left ureteral stent. postoperatively, he developed ureteral spasms with significant left sided abdominal pain. He was also unable to void spontaneously and required straight catheterization on several occasions.

He ran a low grade temperature of 38.2° but denied any chills. His Foley catheter was removed but he continued to require straight intermittent catheterization. Because of ongoing left sided abdominal pain, a CT scan of the abdomen was obtained to rule out any exacerbation of his Crohn's disease. No evidence of active Crohn's disease was noted. There was some residual left sided hydronephrosis despite a ureteral stent which was in good position.

It was my feeling at this point, that the patient was experiencing some severe ureteral spasm and was treated with appropriate analgesics with gradual weaning from parenteral analgesics to oral analgesics. He was seen in consultation by Dr. Boulanger who basically agreed with the treatment plan. In addition to analgesics for the pain, the patient was treated with Hytrin and Valium for reduction of urethral resistance in the hopes of helping him void spontaneously.

Some erythematous changes were noted about the patient's left buttocks secondary to multiple needle injections. There was no fluctuance or evidence of infection at the site.

The patient was discharged on Percocet, Cipro, Valium and Hytrin. ESWL is to be scheduled at Maine Medical Center.

The admitting CBC showed a WBC of 7,200 with a shift to the left. The hemoglobin was 14.2 with a hematocrit of 39.1. Discharge hemoglobin and hematocrit were 13.2 and 38.1. WBC 11,800 with a persistent shift to the left. BUN and creatinine were 5 and 1.0 at the

(SEE NEXT SHEET)

500685.011.0331

DISCHARGE SUMMARY  
F. LENTOZZI, RONALD M  
Page 3

PAUL MAILHOT, M.D.

MS-304

7259582

time of discharge. Electrolytes were normal. Urine cultures and blood cultures were negative.

  
PAUL MAILHOT, M.D.

D: 10/01/97 PM  
T: 10/07/97 reb

cc: PAUL MAILHOT, M.D.  
MICHAEL BOULANGER, M.D.  
MICHAEL MONZEL, M.D.  
DEPT I

(P)  
(F)  
(P)  
(P)

500685.011.0332

ISSUE DATE: 9/23/97  
 ISSUE TIME: 13.03.10

ST. MARY'S  
 PHYSICIAN ATTESTATION REPORT

PROGRAM-101

PATIENT NAME: FANTOZZI, RONALD M AGE: 35 Y SEX: M  
 ACCOUNT NUMBER: 7259582 ROOM: NS/0304 B  
 MEDICAL RECORD NUMBER: 221342 FIN. CLASS: C - COMMERCIAL  
 ADMISSION DATE: 9/16/97  
 DISCHARGE DATE/STATUS: 9/22/97 H - HOME

**MDC/DRG ASSIGNMENT**

11 - DISEASES & DISORDERS OF THE KIDNEY AND URINARY TRACT  
 323 - URINARY STONES W CC, &/OR ESW LITHOTRIPSY

PRINCIPAL DIAGNOSIS: 592.1 CALCULUS OF URETER

**SECONDARY DIAGNOSES**

2. 591	HYDRONEPHROSIS	3. 555.9	REGIONAL ENTERITIS NOS
4. 309.28	ADJ REACT-MIXED EMOTION	5.	
6.		7.	
8.		9.	
10.		11.	
12.		13.	
14.		15.	

PRINCIPAL SURGEON: 2713 MAILHOT, PAUL R

**PROCEDURES**

		DATE	PHYSICIAN
59.8	URETERAL CATHETERIZATION	9/17/97	2713 MAILHOT, PAUL R
87.73	INTRAVENOUS PYELOGRAM	9/16/97	4216 CARLSON, CARL W.

ATTENDING PHYSICIAN: 2713 MAILHOT, PAUL R

500685.011.0333

ADMISSION RECORD				ST. MARYS HOSPITAL LEWISTON, ME 04240	
Adm. No. / FC / ARRIVED	Med Rec #	Patient Name	SVC INS / Room / Bed	Reg Dte	
7259582 / C / DNSP	00221342	FANTOZZI, RONALD M	MED / MS / 0304 / B		
Patient Address	Age	D.O.B	Place of Birth	Sex	Mar Sta
40 POLAND RD	035Y	062	CT	M	M
City, State, Zip	Maiden Name	Mother / Father Name			
AUBURN ME 04210		PATRICIA / ALAN SR			
Attending Physician	Next of Kin / Spouse	Telephone #	Last Name Visi		
DEBORAH PAUL R	DEBORAH	7823873 7823873			
Referring Physician	Race / Smoke	Relg	Prev Disc	EMS No	
BOULANGER, MICHAEL J	C / N	B1	0 / 00 / 00		
Date / Time Admitted	Date / Time Disch / Death	Accident Date / Hour			
9 / 16 / 97 13:27	9 / 22 / 97 16:00				
Pat Phone #	Admit By	Soc Sec #	Location	Admitting Diagnosis	
207 782-3873		2724			
Employer Phone #	Guarantor (Name / Address)	FANTOZZI, RONALD M	Veteran	X-ray	
	40 POLAND RD AUBURN ME 04210				
Advance Directive	Power of Attorney	NONE	Living Will	NONE	
Insurance Co. Name	410 3 / Police No.	Group Numbers	Subscribers Name(s)	Rel	
HEALTHSOURCE ME	218103-01	99990089	FANTOZZI, RONALD M		
Admitting Diagnosis:					
LEFT RENAL COLIC 2ND U-P OBSTRUCTIVE CALCULUS					
Comments	Trans. or Admit	Date Last Serv	Physician		
		0 / 00 / 00	02713		

PATIENT INFORMATION			
Employer Name	Employer Address		
FALCON SHOE	CANAL ST		
City	State	Zip	Phone Number
LEWISTON	ME	04240	(207)

GUARANTOR INFORMATION			
Name	Pat. Rel.	Address	
FANTOZZI	RONALD M	40 POLAND RD	
City	State	Zip	Phone Number
AUBURN	ME	04210	(207) 782-3873
Soc. Sec. No	Employer	Address	
006-54-4724	FALCON SHOE	CANAL ST	
City	State	Zip	Phone Number
LEWISTON	ME	04240	(207)

SUBSCRIBER INFORMATION			
Name	Sex	Pat. Rel.	Address
FANTOZZI	M		40 POLAND RD
City	State	Zip	Phone Number
AUBURN	ME	04210	(207) 782-3873
Insurance Co. Name	Address	City	State Zip
HEALTHSOURCE ME	179 FREEDOM ROAD	CRUEPORT	ME 04232

MR 221342

# St. Mary's Regional Medical Center Consent/Assignment/Authorization Statement

**Consent for Treatment:** Admission Date: September 16, 97

I, the undersigned a patient of this St. Mary's Regional Medical Center ("SMRMC"), hereby authorize employees of SMRMC and physicians(s) (and whomever they may designate as assistants) to administer such treatment as is necessary, and such additional operations or procedures as are considered therapeutically necessary on the basis of findings during the course of said treatment. I also consent to the administration of such anesthetics as are necessary. Any tissues or parts surgically removed may be disposed of by SMRMC in accordance with accustomed practice. I hereby certify that I have read and fully understand the above Consent for Treatment, the reasons why the treatment/procedure is considered necessary, its advantages and possible complications, if any, as well as possible alternative modes of treatment which have been explained to me by the attending physician. I also certify that no guarantee or assurance has been made to the results that may be obtained.

## **Authorization To Release Medical Information**

St. Mary's Regional Medical Center is hereby authorized and requested to furnish the Healthsource insurance company(s) or its properly authorized agent, my employer and any peer review organization which conducts reviews of hospital utilization under an agreement with my employer and/or health insurance carrier, or any person or corporation that is or may be liable, under contract or otherwise, for all or part of the Medical Center's charge; all information required by it to determine benefits, including nature of the visit, diagnostic and treatment information, and copies of my medical record which may be available to said hospital.

## **Assignment Of Benefits**

I hereby assign unto St. Mary's Regional Medical Center and related contracted professionals, all hospital insurance benefits now due and to become due and payable to me or on my behalf, but not to exceed the Medical Center's charges by virtue of my treatment by the hospital, and I hereby direct the Healthsource Insurance Company(s) to pay such benefits directly to the hospital in consideration of the hospital care and services furnished and to be furnished by the hospital.

## **Payment Terms**

I understand payment of charges are due for services rendered within Thirty (30) days including any collection or attorney's fees. If I am financially unable to do so, I agree to complete a detailed financial statement so alternative payment arrangements can be determined. I agree to pay all charges for services not authorized for payment by any Health Maintenance Organization, Preferred Provider Organization or other Managed Care Organization for which I seek certification for treatment by St. Mary's.

## **Release From Responsibility For Personal Property**

I understand and agree that under no circumstances will St. Mary's Regional Medical Center be responsible for my personal property. I take full responsibility for retaining in my possession or custody any and all articles. I acknowledge that I have declared or listed all items of personal property I have chosen to keep in my possession or custody while at St. Mary's, and further acknowledge that I have been offered an opportunity to have my personal property kept at St. Mary's during my stay at St. Mary's, and that I have refused that offer.

## **Authorization For Payment Of Medical Benefits**

I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers or any other medical insurers, any information needed for this or a related Medicare, or other medical insurance claim. I request that payment of authorization of authorized benefits be made to St. Mary's Regional Medical Center and to physicians or organizations providing medical services to me or for my benefit. For extended outpatient services I request this authorization apply to the extent of my services.

## **An Important Message From Medicare/Champus**

I certify that I have received the Medicare Bill of Rights entitled "An Important Message From Medicare/Champus". Acknowledgement of receipt of this message does not waive any of my rights to request a review or make me liable for payment.

**I Have Read This Consent/Authorization Completely And Crossed Out Any Words Or Phrases That I Do Not Accept:**

Not Accept:

Patient Signature: [Signature]

Date: 9/16/97

Time: 1335

Co-signator Signature: [Signature]

Date: 9/16/97

Relationship: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Telephone Consent Received By: \_\_\_\_\_

Date: \_\_\_\_\_

DATE: PATIENT/PATIENT/FORM/FORM

500685.011.0335

St. Mary's  
REGIONAL MEDICAL CENTER

ADMIT NO 7259582	FC C	HOW ARRIVED C	MED REC NO 00221342	PATIENT NAME FANTOZZI, RONALD M	SERVICE EME	NUR STA H	ROOM - BED H	9/16/97
PATIENT ADDRESS 48 POLAND RD		AGE 63Y	DATE OF BIRTH [REDACTED] 62	PLACE OF BIRTH CT	SEX M	MAP H	STATUS H	PHO CALLED PHO RESPONDED TX RELEASED
CITY, STATE, ZIP AUBURN ME 04210		MAIDEN NAME		MOTHER/FATHER NAME		CONDITION AT DISCHARGE EXCELLENT GOOD FAIR CRITICAL UNABLE		
ATTENDING PHYSICIAN BOULANGER, MICHAEL J		NEXT OF KIN SPOUSE DEBORAH		NAME AT LAST ADMIT		VETERAN		CAUTION SHOCK STROKE CANNED
PRIVATE PHYSICIAN BOULANGER, MICHAEL J		RACE-ORIGIN [REDACTED]		RELIGION	PREV. DISCH DATE	EMS NO.		ADMITTED [REDACTED]
DATE AND TIME OF SERVICE 9/16/97 9:09		ACCIDENT DATE/HOUR 9/16/97 8:00		DATE AND TIME OF DEATH		TREATED & RELEASE REFERRED TO: DR.		
INSURANCE CO NAME HEALTHSOURCE ME		POLICY NO 218103-01	GROUP NUMBER 99990089	SUBSCRIBER'S NAME(S) FANTOZZI, RONALD M		RELAT PT		
PT PHONE # 207 782-3873		NEXT OF KIN PHONE # 207 782-3873		SOC. SEC. #		006-54-2724		

STOMACH PAIN

DIAGNOSIS (1) GASTRIC ULCER TO U-P OBSTRUCTIVE CALCULUS

ALLERGIES: Nasal spray - environmental  
 TRIAGE: Sent to ED by Dr. Boulanger - see order  
 sheets. G. abd. @ flank pain.

910	386	83	16	19/90
1215		80	18	12/76

MEDICATIONS:

Tune

TRIAGE SIGNATURE

Margaret A. [REDACTED]

Demerol 50mg q. Vistaril 25mg IM T.O. Dr. Boulanger/pt

<input checked="" type="checkbox"/>	LYTES	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	BUN	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	AMYLASE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	ETOH	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	CDU SPEC	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	COAG	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	CS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	SS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	PEP TYP HOLD	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	SMA 12	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	ENG	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	ABG	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	HCG	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	U/P	<input checked="" type="checkbox"/>

9:15 V.D.S.N.S. started @ famasim 20 mg. Anxolyte to run @ 150mg  
 9:35 Labs drawn. Pt. 50 pain. Ref. pain med. Call into Dr. Boulanger  
 9:45 Demerol 50mg. Vistaril 25mg given IM upper outer quad. (C) [REDACTED]  
 10:00 Transit to floor. Feels some better.  
 10:15 Demerol 50mg and Vistaril 25mg administered. Demerol 50mg Vistaril 25mg IM q3h PRN → [REDACTED]  
 DEMEROL 100mg VISTARIL 50mg IM q3h PRN → [REDACTED]

- AMIT TO DR. MULLER -

- 10 FLUID / NSO

- Demerol 100mg PRN

- pt called to floor @ 1350

- re: Margaret A. [REDACTED]

9/16/97 135

[REDACTED]

[REDACTED]

MEDICAL RECORD

CONTINUATION



☐ PATIENT CALLED WITH LABORATORY / X-RAY RESULTS: \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ INITIALS \_\_\_\_\_

**St. Mary's Regional Medical Center  
Consent/Assignment/Authorization Statement**

**Consent For Treatment**

Admission Date: \_\_\_\_\_

I, the undersigned a patient in this St. Mary's Regional Medical Center ("SMRMC"), hereby authorize employees of SMRMC and physicians(s) (and whomever they may designate as assistants) to administer such treatment as is necessary, and such additional operations or procedures as are considered therapeutically necessary on the basis of findings during the course of said treatment. I also consent to the administration of such anesthetics as are necessary. Any tissues or parts surgically removed may be disposed of by SMRMC in accordance with accustomed practice. I hereby certify that I have read and fully understand the above Consent for Treatment, the reasons why the treatment/procedure is considered necessary, its advantages and possible complications, if any, as well as possible alternative modes of treatment which may have been explained to me by the attending physician. I also certify that no guarantee or assurance has been made to the results that may be obtained.

**Authorization To Release Medical Information**

St. Mary's Regional Medical Center is hereby authorized and requested to furnish the Health Source Insurance company(s) or its properly authorized agent, my employer and any peer review organization which conducts review of hospital utilization on under an agreement with my employer and/or health insurance carrier, or any person or corporation that is or may be liable under contract or otherwise, for all or part of the Medical Center's charge; all information required by it to determine benefits, including nature of the visit, diagnostic and treatment information, and copies of my medical record which may be available to said hospital.

**Assignment Of Benefits**

I hereby assign unto St. Mary's Regional Medical Center and related contracted professionals, all hospital insurance benefits now due and to become due and payable to me or in my behalf, but not to exceed the Medical Center's charges by virtue of my treatment by the hospital, and I hereby direct the Health Source Insurance Company(s) to pay such benefits directly to the hospital in consideration of the hospital care and services furnished and to be furnished by the hospital.

**Payment Terms**

I understand payment of charges is due for services rendered within 30 days including any collection or attorney fees. If I am financially unable to do so I agree to complete a detailed financial statement so alternative payment arrangements can be determined.

**Release From Responsibility For Personal Property**

I understand and agree that under no circumstances will St. Mary's Regional medical Center be responsible for personal property. I take full responsibility for retaining in my possession or custody any and all such articles.

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I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers or any other medical insurers, any information needed for this or a related Medicare, or other medical insurance claim. I request that payment of authorization of authorized benefits be made to St. Mary's Regional Medical Center and to physicians or organizations providing medical services to me or for my benefit. For extended outpatient services I request this authorization apply to the extent of my services.

**An Important Message From Medicare/Champus**

I certify that I have received the Medicare Bill of Rights entitled "An Important Message From Medicare/Champus". Acknowledgement of receipt of this message does not waive any of my rights to request a review or make me liable for payment.

**I Have Read This Consent/Authorization Completely And Crossed Out Any Words Or Phrases That I Do Not Accept:**

Ronald J. [Signature] Patient Signature: \_\_\_\_\_ Date SEP 16 Time 0915

[Signature] Guarantor Signature: \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_

[Signature] Witness Signature: \_\_\_\_\_ Date \_\_\_\_\_

Telephone Consent Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



PLACEMENT  
INSTRUCTIONS

NURSING CONTINUATION  
SHEET

CONTINUED

NO.

#7001380

PAGE

1

OF

Fontana Ronald

Memphis 3-16-97

1305h 11/25 75 16

Ab. continues to have  
pain

Dr. Boulogne aware

1310h

Removal 100g  
Vital 50g

3 Tm given (2) gln

1320 130/70 88

Admit. Dr. Maillet i pl

Procedure explanation given not pl

1330

W. patient, on time

not pl

INITIALS	SIGNATURE	INITIALS	SIGNATURE
RM	Discharge (RN)		
	RN/LPN		RN/LPN

DOCTOR'S SIGNATURE

M.D.

MEDICAL RECORDS COPY

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09/16/97

16:08

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**ST. MARY'S REGIONAL  
MEDICAL CENTER**

Lewiston, ME 04240

7259582

MS-304 22-13-42

FANTOZZI, RONALD M

DOB: 01/16/62

PAUL MAILHOT, M.D.

Admitted: 09/16/97

**HISTORY/PHYSICAL**

Dictator: PAUL MAILHOT, M.D.

**CHIEF COMPLAINT:** Left renal colic.

**HISTORY OF PRESENT ILLNESS:** This is a 35-year-old white male with known Crohn's disease and a past history of urolithiasis. He presented to the Emergency Department this morning with severe left renal colic which began around 4 AM. Intravenous pyelogram revealed a 9-10 mm obstructing calculus at the left ureteropelvic junction. There was evidence of other urinary calculi within the left upper collecting system. The patient denies fever, chills, nausea or vomiting. He is being admitted for hydration, narcotic analgesics and cystoscopy with ureteral stenting in the morning prior to anticipated ESWL.

**PAST MEDICAL HISTORY:** Includes no tobacco history and no alcohol intake

**PAST MEDICAL HISTORY:** Include Crohn's disease and history of hepatitis C.

**PAST SURGICAL HISTORY:** Includes abdominal surgery for small bowel resection and cholecystectomy.

**CURRENT MEDICATIONS:** Include a nasal spray the name of which the patient does not recall.

**FAMILY HISTORY:** Noncontributory.

**REVIEW OF SYSTEMS:** CARDIOVASCULAR: Negative. PULMONARY: Negative. GI: Negative. MUSCULOSKELETAL: Negative. CNS: Negative

**PHYSICAL EXAMINATION:** Reveals a well-developed, well-nourished white male in moderate distress. **SKIN:** Warm and dry. **HEENT:** Normal. **NECK:** Supple without masses or thyromegaly. **LUNGS:** Clear to auscultation bilaterally. **HEART:** Shows a regular heart rhythm with a fixed splitting of S1. No murmurs or gallops are appreciated. Pulses are equal bilaterally. **ABDOMEN:** Soft without obvious masses, visceromegaly or suprapubic fullness. There is some deep tenderness in the left upper quadrant. **BACK:** 2+ left costovertebral angle tenderness. No spinal tenderness is elicited. **GENITALIA:** Reveal normal uncircumcised penis and normal testes bilaterally. **RECTAL:** Reveals a normal prostate. **EXTREMITIES:** No clubbing, cyanosis or edema. **LYMPH NODES:** None are palpable. **NEUROLOGICAL:** Grossly intact.

(SEE NEXT SHEET)

500685.011.0339

09/16/97

16:00

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HISTORY/PHYSICAL  
FANTOZZI RONALD M  
Page 2

PAUL MAILHOT, M.D.

MS-304

7259582

**IMPRESSION:** Obstructing left ureteral calculus; retained left renal calculi; Crohn's disease.

**TREATMENT PLAN:** Hydration, narcotic analgesics, and cystoscopy with ureteral stenting in the morning.

  
PAUL MAILHOT, M.D.

D: 09/16/97 PM  
T: 09/16/97 rj

cc PAUL MAILHOT, M.D.  
MICHAEL BOULANGER, M.D.  
MICHAEL MONZEL, M.D.  
ON

(3)  
(3)  
(3)

500685.011.0340

09/20/97

12:38

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# ST. MARY'S REGIONAL MEDICAL CENTER

Lewiston, ME 04240

7259582

MS304 22-13-42

FANTOZZI, RONALD M

DOB: [REDACTED] 62

PAUL MAILHOT, M.D.

## REPORT OF CONSULTATION

Admitted: 09/16/97

CONSULTING PHYSICIAN: MICHAEL BOULANGER, M.D.

Date of Consult: 09/16/97

**CHIEF COMPLAINT:** Vomiting, diarrhea, abdominal pain and temp spikes.

**HISTORY OF PRESENT ILLNESS:** Ronald Fantozzi is a 35-year-old male for whom Dr. Paul Mailhot has requested medical evaluation in light of the above complaints. The patient is well known to me from my outpatient internal medicine practice. He has a fairly long and complicated history for a young man. He was referred to the Emergency Department after office evaluation on the 17th of this month for presumptive left renal colic. IVP confirmed a 1 cm. obstructing calculus at the left UP junction with hydronephrosis. This seemed to cause the patient a significant amount of left flank pain as well as abdominal discomfort. The patient was admitted to the urology service for the purpose of stent placement which was performed successfully yesterday. The patient has demonstrated temp spikes to 38.5 on one occasion in association with intermittent abdominal discomfort with nausea and vomiting. At the present time the patient is comfortable without much abdominal pain. Temp is currently 37.1. The patient currently denies any other complaints except for some left flank discomfort. He appears calm. He denies he is up tight or feeling depressed. His sister-in-law states the rest of the family is somewhat uptight about his hospitalization.

**MEDICATIONS:** Currently Cipro 400 IV bid, Benadryl 25 po q8, Percocet 2 q4 prn, Buprenex 0.3 mg IV q4 prn, Compazine 10 mg IM q6h, Restoril 30 mg hs prn and Phenergan 50 mg IM q4prn. He recently has had additions including Valium 5 mg tid and Hytrin 1 mg hs.

### PAST MEDICAL HISTORY:

1. Crohn's disease with prior partial colectomy and incidental appendectomy by Dr. Cummings in 1989.
2. Status post cholecystectomy by Dr. Walworth in 1992
3. Allergic rhinitis with hay fever to cats, pollen for which he has received immunotherapy from Dr. Vraney
4. Adjustment disorder with anxiety and panic attacks under the care of Dr. Ballenger
5. Hepatitis C carrier state
6. Staff aureus staphy colonization with prior bronchitis
7. [REDACTED] Xanax and Buspar intolerance

Previous

 11/1  
 12/4/97

(SEE NEXT SHEET)

500685.011.0341

09/20/97

12:15

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REPORT OF CONSULTATION  
FANTOZZI, RONALD M

MICHAEL BOULANGER, M.D.

M3304

7259582

Page 2

**ALLERGIES:** Without

**SMOKE:** Previous one pack per day although not recently.

**ALCOHOL:** Patient has been abstinent for the last six months with previous 6 pack of beer on the weekend.

**OTHER:** Patient denies use of coffee or tea. He does not use street drugs.

**DIET:** None.

**SOCIAL HISTORY:** Patient lives with his wife and two children in an apartment. He has been working at Falcon Shoe as a injection molder. He stands all day long and has to look down for extended periods of time. He tries to [redacted] chores without conditioning exercises.

routine  
MRS  
9/16/97

**REVIEW OF SYSTEMS:** The patient states he was feeling well until onset of left flank and abdominal discomfort at 4:00AM on the day of admission. He had not had previous fever, chills, sweats, nausea and vomiting, dark constipation. There has been no blood in his stools and no recent chest pain, palpitation. He does experience intermittent anxiety attacks associated with weakness, dizziness and near syncope.

**PHYSICAL EXAMINATION:** Patient apparently comfortable sitting up in bed with family in attendance. **VITAL SIGNS:** Temp 37.1, blood pressure 110/70, respiratory rate 16, pulse 80. **HEENT:** Normocephalic. **PERRLs:** Sclera and conjunctive clear. Oropharynx unremarkable. **NECK:** Supple without adenopathy, thyromegaly. **LUNGS:** Clear. **HEART:** Heart sound physiologic. **ABDOMEN:** Soft, bowel sound active. No visceromegaly. I am unable to elicit significant tenderness to palpation at this point in time. He has minimal left flank percussion tenderness. **EXTREMITIES:** Without clubbing, cyanosis or edema. Pedal pulses intact. **NEURO:** No focal deficits. **SKIN:** Clear. **RECTAL/GENITALIA:** Deferred with Foley catheter draining clear yellow urine.

**LABORATORY DATA:** On admission white cell count 7200 with hemoglobin 14, hematocrit 39, MCV 94, platelet count 266,000, INR 1.03, PTT 22, SMA 12 remarkable for a total bilirubin of 1.5, SGOT 55, electrolytes normal, urine with 3+ RBC. Abdominal series with adynamic ileus. Normal chest. IVP with 1 cm. obstructing calculus at the left UP junction with hydronephrosis. Today abdominal pelvic CT scan suggests possible mild residual left hydronephrosis. Amylase 31, white cell count 9400, hemoglobin 12, hematocrit 34, MCV 94, platelet count 222,000, electrolytes normal, potassium 3.9, BUN 3, creatinine 0.8.

**IMPRESSION:** A 35-year-old male admitted to Urology Service in light of renal colic secondary to obstructing calculus at the left UP junction with secondary hydronephrosis. The patient appears to have responded appropriately to stent placement. CT scan suggests mild residual hydronephrosis which may explain the patient's residual pain complaint. Temp spikes seem most likely related to the possibility of urinary tract as the source or atelectasis. The patient will be switched to po Cipro to cover these possibilities since he is taking po well. I have no evidence to suggest the Crohn's disease as reactivated. I recommend repeat

(SEE NEXT SHEET)

500685.011.0342

09/20/97

12:18

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REPORT OF CONSULTATION  
FANTOZZI, RONALD M  
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MICHAEL BOULANGER, M.D.

M8304

7259582

of liver function tests to exclude stress associated exacerbation of his chronic hepatitis C carrier state in light of potential for viral hepatitis.

In light of the patient's history of adjustment disorder with panic attacks, it seems reasonable to treat this more aggressively with Valium which has the dual benefit of muscle relaxation.

~~RECOMMENDATIONS:~~ He should remain on Benadryl which would reduce the potential for allergic symptoms as well as facilitate reduction in potential for panic. In addition I recommend addition of some Cimetidine to prevent against stress stomach ulcers.

#### TO SUMMARIZE PATIENT PROBLEM LIST:

1. Left renal colic secondary to UPJ obstruction with hydronephrosis secondary to 1 cm. calculus consistent with calcium oxalate stone.
2. Status post successful stent decompression with mild residual hydronephrosis by CT.
3. Crohn's disease recently quiescent with no evidence of recrudescence.
4. Hepatitis C carrier state with concern for exacerbation of viral hepatitis.
5. Staph aureus airway colonization
6. Allergic rhinitis.
7. Adjustment disorder with anxiety and panic attacks.

#### PLAN:

1. Blood and sputum cultures in addition to re-evaluation of liver function tests.
2. Await previous urine culture.
3. Agree with addition of benzodiazepines for sedation and muscle relaxation.
4. Convert to po Cipro for possible urinary tract infection in light of good po intake.
5. Add H2 blocker therapy with Cimetidine 400 bid
6. Continue H1 blocker therapy with dual benefit, diminishing allergic symptoms as well as potential therapy for panic.
7. Dr. Jeffrey Brown will cover me this weekend in the hopes that he will be able to return home for outpatient follow-up and subsequent ESWL therapy.

  
MICHAEL BOULANGER, M.D.

D: 09/19/97 MB

T: 09/20/97 pam

MICHAEL BOULANGER, M.D.  
PAUL MAILHOT, M.D.  
ON

(P)  
(P)  
(P)

09/16/97

16:53

# ST. MARY'S REGIONAL MEDICAL CENTER

Lewiston, ME 04240

7259582

MS-304 22-13-42

FANTOZZI, RONALD M

DOB: [REDACTED] 62

PAUL MAILHOT, M.D.

## REPORT OF CONSULTATION

Admitted: 09/16/97

CONSULTING PHYSICIAN: MICHAEL BOULANGER, M.D. Date of Consult:  
09/16/97

### MEDICAL CONSULTATION IN EMERGENCY ROOM

Ronald Fantozzi is a 35-year-old male seen initially in the office and again in the Emergency Room in light of left renal colic secondary to obstructing calculus of the left ureteropelvic junction by intravenous pyelogram. The H&F has been previously dictated in his office note.

I have reviewed the situation with Dr. Mailhot who will admit the patient to his service in the event that he needs to proceed surgically for stone removal. The patient has responded to parenteral Demerol/Vistaril for pain relief and he will be maintained NPO on intravenous fluid hydration.

#### IMPRESSION:

1. Acute onset of left renal colic secondary to obstructing calculus at the left ureteropelvic junction.
2. History of Crohn's disease, at risk for calcium oxalate stones.
3. Hepatitis C carrier.
4. Panic disorder.

#### PLAN:

1. Admission to Dr. Mailhot's Urology Service in anticipation of stone extraction.
2. Intravenous fluid hydration.
3. Parenteral pain relief with Demerol/Vistaril.

  
MICHAEL BOULANGER, M.D.

D: 09/16/97 MB

T: 09/16/97 rj

— MICHAEL BOULANGER, M.D.  
PAUL MAILHOT, M.D.  
Emergency Room  
ON

(3)  
(3)  
(3)



**ST. MARY'S REGIONAL  
MEDICAL CENTER**

Lewiston, ME 04240

7259582

MS-304 22-13-42

FANTOZZI, RONALD M

DOB: [REDACTED] 62

PAUL MAILHOT, M.D.

**REPORT OF CONSULTATION**

Admitted: 09/16/97

**CONSULTING PHYSICIAN: MICHAEL BOULANGER, M.D. Date of Consult:**  
09/16/97

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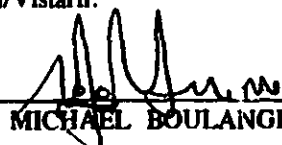
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**IMPRESSION:**

1. Acute onset of left renal colic secondary to obstructing calculus at the left ureteropelvic junction.
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3. Hepatitis C carrier.
4. Panic disorder.

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2. Intravenous fluid hydration.
3. Parenteral pain relief with Demerol/Vistaril.

  
MICHAEL BOULANGER, M.D.

D: 09/16/97 MB

T: 09/16/97 rlj

cc MICHAEL BOULANGER, M.D.  
PAUL MAILHOT, M.D.  
Emergency Room  
(1)

(1)  
(1)  
(1)  
(1)

**COPY FOR Emergency Room**

500685.011.0345

7259582 MS MR 221592  
 9/16/97 NAILHOT, PAUL R  
 FANTOZZI, RONALD M

(CONDITION OF WOUND, DRAINAGE, REMOVAL OF STITCHES, COMPLICATIONS, RESPONSE  
 TO TREATMENT ETC., CONDITION ON DISCHARGE, INSTRUCTIONS TO PATIENT, SIGNATURE  
 RECORDING PHYSICIAN EACH TIME.)

DATE

0357 4/16/97 4/16/97 23873  
 218105-01 4440009

9/17/97

Brief Op Note  
 Procedure - Excise & Invert (1) Umbilical  
 Stent.  
 Surgeon: Mailhot  
 Anesth: Spinal  
 Status: Good

9/17/97

Post op  
 Afebrile, HNU per. % (2) flank pain  
 & S-P pain. PE - Distended bladder vs  
 stable.  
 Plan - Foley cath

9/18/97

POD #1  
 Temp 38° & chills, % (2) flank pain  
 ? w/ ? umbilical spasm. Ad - Soft. Mild  
 Deep tend. LUG. Foley out. No more void  
 get Plan. % change Abx.  
 Mailhot

PROGRESS NOTES

500685.011.0346

## PROGRESS NOTES

19 SEP 97 MENARD CONCUR

7259582 MS MR 22134  
 9/16/97 HAILHOT, PAUL R  
 PANTOZZI, RONALD M  
 45 POLAND RD  
 AUBURN ME 04210  
 CSEY [REDACTED] /62 M/M 207-782387  
 218103-01 99990689

- ACKED AS MR. MELLHOT TO EVALUATE  
 35W07 FOR UOMITUS, DIZZINESS  
 TEMP SPIKES + ABD. PAIN COMPLICATIONS (L) URETERAL  
 STENT PLACEMENT FOR (L) HYDRONEPHROSIS.
- CHART REVIEWED. Pt. EXAMINED & WELL-KNOWN TO ME.  
 (IMP) (L) LFT OBSTRUCTION & HYDRONEPHROSIS 2° 1CM CHOLELITH  
 C/W CALCULI - S/P STENT DECOMPRESSION  
 +9 CHRONIC DISEASE - RECENTLY QUIETED TO  
 PRIOR PARTIAL COLECTOMY / APPENDECTOMY '88  
 +5) S/P GB '92  
 +6) STAPH AUREUS AIRWAY COLONIZATION  
 +5) HEPATITIS C CARRIED & ALCOHOL ABSTINANCE  
 +6) ANXIETY DISORDER & ANXIETY / PANIC ATTACK  
 +7) ALLERGIC RHINITIS & IMMUNITX  
 +8) RELATIVE XANAX / BUSPAR INTOLERANCE  
 +9) TEMP SPIKES OF UNKNOWN ETIOLOGY - ON IV Q  
 PLAN 1) BLOOD CULTURES, SPITUM CULTURE, REV LFT  
 2) AWAIT URINE CULTURE  
 3) AGREE & ADDITION OF ACETOPIAZEPINE FOR  
 SEDATION + MUSCLE RELAXATION  
 4) CONVERT TO PO CIPRO FOR POSSIBLE UTI IN  
 LIGHT OF GOOD PO INTAKE  
 5) ADD H2 BLOCKER  
 6) CONTINUE H2 BLOCKER WHICH HAS DIAL DOSE  
 + ALLERGIST + TX FOR PANIC  
 7) MENT. GROWN TO COVER WEEKEND

7259902 MS  
9/16/97 BAILLOT, PAUL R  
FANTOZZI, RONALD M  
40 POLAND RD  
AUBURN MS 38816

DATE	(CONDITION OF WOUND, DRAINAGE, REMOVAL OF STITCHES, COMPLICATIONS, RESPONSE TO TREATMENT ETC., CONDITION ON DISCHARGE, INSTRUCTIONS TO PATIENT, RECORDING PHYSICIAN EACH TIME.)
9/19/97	<p>POD #2</p> <p>Low grade fever. Persistent Diarrhea and pain associated with vomiting - Diarrhea. CT scan - pending.</p> <p>Abd. Exam 155. Fullness - tenderness RLQ. Mild tenderness along Diaphragm of abd. Unable to void yesterday. Foley re-inserted. Dr. Boulanger to see pt. exacerbation of Crohn's Disease. Urine 15 - no growth. M. H. K.</p>
9/19/97	<p>Abd. CT &amp; KUB. reviewed. Mild residual hydrocephalus present. Stent in good position. Low level of hydrocephalus suggests that stent is functioning. No evidence of active Crohn's Dis.</p> <p>Pt advised. Will try to wean pt off 10 analgesics and add continued tranquility to regimen. Discussed with Dr. Boulanger.</p> <p style="text-align: right;">M. H. K.</p>

F10106

PROGRESS NOTES

500685.011.0348

DATE	(CONDITION OF WOUND, DRAINAGE, REMOVAL OF STITCHES, COMPLICATIONS, RESPONSE TO TREATMENT ETC., CONDITION ON DISCHARGE, INSTRUCTIONS TO PATIENT, SIGNED RECORDING PHYSICIAN EACH TIME.)	7259582 MS MR 221342 9/16/97 NAILHOT, PAUL R FANTOZZI, RONALD N 40 POLAND RD 0391 9/16/97 N/A 207-7823875 218103 01 99910009
9-20-	moderate flank pain - Today and thru AM. An by train, upon enter	
9-20-97	Medical 10.50 AM Remains in significant abd pain L > R. entry poorly. T 38° at 1600 afebrile thru AM. Abd - ⊕ BS, soft, (L) tenderness & ⊕ UG Dys. Breas. ? sources Cont Cipro - observe for PM temp spike Abd pain - significant Still requiring parenteral pain med Cont IVF until PO intake picks up.  J. J. Blum	
9-21	Had 6 ended and 1 flank pain Afebrile. during the night. The preceptor is hesitant to go to underpromoter PE - abdomen soft, nontender no cost tenderness. Plan - obs today - will exp 10  Dita	

FIMF5

## PROGRESS NOTES

**500685.011.0349**

## PROGRESS NOTES

72595#2 NS NR  
 9/16/97 HAILHOT, PAUL  
 FANTOZZI, RONALD M  
 40 POLAND RD  
 AUBURN  
 0357 04210  
 218103-01 762 N/A 207-702107  
 99910067

Sept 21, 1997

pain began since 8pm

overnight required pain med injection

Tmt 375

pain still there this Am but less

Dis: SLP STINT w/pain

will try PO Percocet to see if  
 controls pain

if pt is comfortable during day  
 could possibly go home this evening  
 given his pain worsens in evening  
 may be most prudent to watch overnight  
 Pt understands the options

Josephine

9/27/97

Aptible, slept poorly last night, prefers  
 Percocet to Ultram. No N/V. Intermittent urinary  
 difficulty. No hematuria. Urine sterile. Blood  
 15-20 mg growth  $\bar{p} 45^\circ$ . Pt agreeable to go home  
 on Percocet, Advil, & Valium/Hydro. Will wait  
 for ESW in 2 wks.

12. No CVT. ABD soft, mild  
 S-P tenderness due to mild HbC in tissues.  
 (Mild to moderate). Hematuria n.

7259522 MS HR 121342 9/16/97 NAILHOT, PAUL B FANTOZZI, RONALD M	
DATE	(CONDITION OF WOUND, DRAINAGE, REMOVAL OF STITCHES, COMPLICATIONS, RESPONSE TO TREATMENT, ETC., CONDITION ON DISCHARGE, INSTRUCTIONS TO PATIENT, SIGNED & DATED BY RECORDING PHYSICIAN EACH TIME.) C35Y 62 W/M 207-7823873 218105-01 99990089
9/22/97	<p>           Plw - Discharge late today to Recovery            Cigna, Valium, Nyltin. ESDL at MMC            in 2 wks. Pl &amp; call if problems arise.         </p> <p>           (1) Instructed on wound care. No fluctuations            or evidence of infection.         </p>



<p><b>St. Mary's Regional Medical Center</b></p> <p><b>Discharge Planning Section</b></p> <p><b>Admitting Section</b></p> <p>1. Present Employer: _____ Retired: Yes No</p> <p>2. Current Living Situation:                _____ Home Alone                      _____ Home with Spouse                      _____ Home of Relative (who)                _____ Nursing Facility                      _____ Boarding Home                      _____ Unknown</p> <p>3. Do You Live In A: _____ Home                      _____ Apartment                      _____ Mobile Home             How many floors? / What floor (circle) 1st 2nd 3rd Other _____             Elevator (Y/N)                      _____ Stairs (Y/N)</p> <p>4. Do You Have Equipment Available To You? _____ Type? _____</p> <p>5. Community Resources Utilized At Time Of Admission             _____ Home Health Services: Agency Name: _____             _____ Western Area Agency On Aging             _____ Congregate Housing (Maison Marcotte / Oak Park)             _____ Meals On Wheels             _____ Oxygen: Company Name: _____             _____ Other Equipment: Company Name: _____</p> <p>6. Any Problems With Transportation? (Indicate) _____</p> <p>7. Language Preference: _____ English                      _____ French                      _____ Other</p> <p>8. Signature Of Admitting Registrant/Nurse: _____</p>	<p>7259582 NS NR 2-            9/16/97 HAILHOT, PAUL M            FANTOZZI, RONALD M            40 POLAND RD            AUBURN NE 04210            635Y 62 M/H 207-783            218103-01 99490089</p>																																				
<p><b>Social Worker Section</b></p>																																					
<p>Date Opened: _____ Social Worker: _____</p> <p>Social Work Intervention Not Indicated: Reason: <u>9/19/97 Review medical record</u>  <u>patient start placement, O concerns in discharge planning</u>  <u>initial call over weekend</u> <u>Kathy Gaudin</u></p>																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Support Persons &amp; Addresses</th> <th style="width: 17%;">Home Telephone</th> <th style="width: 17%;">Work Telephone</th> <th style="width: 33%;">Agency &amp; Hours Worked</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Support Persons & Addresses	Home Telephone	Work Telephone	Agency & Hours Worked																																
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<p><b>Multidisciplinary Discharge Planning Form</b></p>																																					

7259500 NS  
 9/16/97 MAIL NOT. PAUL 221342  
 FANTOZZI, RONALD N  
 40 POLAND RD  
 AUBURN  
 CT 04210  
 0351 62 H/W 207-7823873  
 218103-01 99990089

Family Available to Provide Care (circle) Y N With Assistance

Discharge Rounds Date: \_\_\_\_\_

Date Skilled Level of Care: \_\_\_\_\_

Date Nursing Facility Level of Care: \_\_\_\_\_

Release of Information Date: \_\_\_\_\_

Noncoverage Date: \_\_\_\_\_

P.A. Date: \_\_\_\_\_

Prior Authorization Date: \_\_\_\_\_

Classification Date: \_\_\_\_\_

### Referrals/Services Post Discharge

Date \_\_\_\_\_ SNF Name of Facility: \_\_\_\_\_

Date \_\_\_\_\_ NF Name of Facility: \_\_\_\_\_

Date \_\_\_\_\_ B.H. Name of Facility: \_\_\_\_\_

Date \_\_\_\_\_ Other Name of Facility: \_\_\_\_\_

Date \_\_\_\_\_ Home Care Name of Home Health Agency: \_\_\_\_\_

Date \_\_\_\_\_ Home O2/DME Name of Company: \_\_\_\_\_

Ambulance: \_\_\_\_\_ United \_\_\_\_\_ Act

Child Protective/Adult Protective Svcs: \_\_\_\_\_

PHN - Public Health Nurse: \_\_\_\_\_

Food Stamps (DHS): \_\_\_\_\_

SSD - Social Security Disability: \_\_\_\_\_

Medical Assistance: \_\_\_\_\_

SSI - Social Security Income: \_\_\_\_\_

General Assistance: \_\_\_\_\_

WAAA Community Programs: \_\_\_\_\_

Other (list): \_\_\_\_\_

Indicate: \_\_\_\_\_

### Codes

AHHS Androscoggin Home Health Service  
 NHC Nurses House Call  
 KQC Kimberly Quality Care  
 HBC Home Based Care  
 NSQ Nursing

S.W. Social Work  
 NF Nursing Facility  
 HCF Health Care Facility  
 VA Veterans Administration  
 DME Durable Medical Equipment

SEPATED/SEPATED

500685.011.0353

**ST. MARY'S REGIONAL  
MEDICAL CENTER**

Lewiston, ME 04240

**RADIOLOGY REPORT**

Name: FANTOZZI, RONALD M  
Pl. Phone: 782-3873  
DOB: [REDACTED] 62  
PHY(S): PAUL MAILHOT, M.D.  
PHY(S): MICHAEL BOULANGER, M.D.  
Hosp #: 7259582  
MR #: 22-13-42  
X-RAY #: 08-99-89  
Service Date: 09/16/97  
NS/Room: MS-304

**CT OF ABDOMEN & PELVIS WITH CONTRAST 72193, 74170**

**Indication for Study:** Left renal colic.

**FINDINGS:** Scanning was done from the top of the diaphragm to the floor of the pelvis. Even though a double J stent is in place on the left, the left upper tract is still dilated with some increase in density seen throughout the kidney following the injection of contrast. On a plain film, this would take on the appearance of a prolonged nephrogram phase.

There are some dilated loops of small bowel in the area just anterior to the kidney which is just thought to be a reflex ileus. I am not able to appreciate this patient's known Crohn's disease on this study.

Above the diaphragm, some fluid is seen in the pleural spaces bilaterally, the etiology of which is not clear from this study.

**IMPR:** Continued obstructive changes on the left with edema throughout the kidney and a prolonged "nephrogram" despite the presence of the double J stent.

Small bilateral pleural effusions.

**C**  
**CARL W. CARLSON, M.D./rlj**  
**D: 09/19/97 T: 09/21/97**

cc: PAUL MAILHOT, M.D.  
X-RAY BACK OFFICE  
X-RAY FRONT OFFICE  
MICHAEL BOULANGER, M.D.  
PHYSICIAN BILLING  
RAD

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500685.011.0354

**ST. MARY'S REGIONAL  
MEDICAL CENTER**

Lewiston, ME 04240

**RADIOLOGY REPORT**

Name:	FANTOZZI, RONALD M
Pt. Phone:	782-3873
DOB:	██████62
PHY(S):	PAUL MAILHOT, M.D.
PHY(S):	MICHAEL BOULANGER, M.D.
Hosp #:	7259582
MR #:	22-13-42
X-RAY #:	08-99-89
Service Date:	09/16/97
NS/Room:	MS-304

**ABDOMEN SERIES 74022**

Indication for Study: Abdominal pain.

**FINDINGS:** There is a 1 cm ovoid calculus overlying the left uteropelvic junction. This is seen in association with some increased gas and multiple loops of small bowel. There is also at least two air fluid levels.

The chest is normal in a single frontal view.

**IMPR:** Obstruction of the left upper tract.

Adynamic ileus.

Normal chest.

Evidence of previous bowel surgery as manifested by surgical staples.

**INTRAVENOUS PYELOGRAM 74400**

Indication for Study: Abdominal pain.

**FINDINGS:** This study was compared with the previous examination of 5/13/96. Before the patient was injected, plain film tomograms of the kidney were done demonstrating at least one calculus lodged in the lower pole calix on the left.

Following bolus injection of 100 cc of contrast, an acute obstruction of the left upper tract is demonstrated at the level of the ureteropelvic junction. The ureter distal to the obstruction is entirely normal in caliber.

The right upper tract is unremarkable as is the bladder.

Continued on next page.

500685.011.0355

**RADIOLOGY REPORT**

Page 2

**FANTOZZI, RONALD M**

Hospital #: 7259582

Date of Service: 09/16/97

MR #: 22-13-42

**IMPR:** Acute obstruction of the left upper urinary tract at the level of the ureteropelvic junction secondary to an ovoid calculus whose greatest dimension is approximately 1 cm.

One tiny nonobstructing calculus related to a lower pole calix on the left.

  
**CARL W. CARLSON, M.D./sjf**

D: 09/16/97 T: 09/17/97

cc:

PAUL MAILHOT, M.D.  
X-RAY BACK OFFICE  
X-RAY FRONT OFFICE  
MICHAEL BOULANGER, M.D.  
ER  
PHYSICIAN BILLING  
RAD

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500685.011.0356

**ST. MARY'S REGIONAL  
MEDICAL CENTER**

Lewiston, ME 04240

**RADIOLOGY REPORT**

Name: FANTOZZI, RONALD M  
Pt. Phone: 782-3873  
DOB: 62  
PHY(S): PAUL MAILHOT, M.D.  
PHY(S): MICHAEL BOULANGER, M.D.  
Hosp #: 7259582  
MR #: 22-13-42  
X-RAY #: 08-99-89  
Service Date: 09/17/97  
NS/Room: MS-304

**ABDOMEN (two views) 746130/74020**

**Indication for Study:** Left renal colic secondary to ureteropelvic obstructing calculus, stent placement in OR

**FINDINGS:** A double J ureteral stent is seen in place and both ends of the catheter are in proper position. The ureteral stone is still lodged at the ureteropelvic junction.

**IMPRESSION:** Satisfactory placement of a left ureteral stent.

  
**CARL W. CARLSON, M.D./pam**

**D: 09/17/97 T: 09/18/97**

cc:

PAUL MAILHOT, M.D.  
X-RAY BACK OFFICE  
X-RAY FRONT OFFICE  
MICHAEL BOULANGER, M.D.  
PHYSICIAN BILLING  
RAD

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(Q)

**ST. MARY'S REGIONAL  
MEDICAL CENTER**

Lewiston, ME 04240

**RADIOLOGY REPORT**

Name:	FANTOZZI, RONALD M
Pt. Phone:	782-3873
DOB:	██████62
PHY(S):	PAUL MAILHOT, M.D.
PHY(S):	CARL W. CARLSON, M.D.
Hosp #:	7259582
MR #:	22-13-42
X-RAY #:	08-99-89
Service Date:	09/19/97
NS/Room:	MS-304

**SINGLE VIEW ABDOMEN 74000**

**Indication for Study:** Left renal colic with ureteropelvic junction obstructing calculus.

Single view compared to previous from 9/16/97 and 9/17/97.

**FINDINGS:** There is contrast in the colon which does not appear to show evidence of obstruction. At the level of the ileac wing, there is some narrowing of the colon which is probably an artifact or spasm but it must be stressed that this is of very limited quality, was not primarily ordered as a contrast study of the colon, and is essentially nondiagnostic. However, its appearance does mimic rather closely that of a constricting lesion. If there is any clinical suspicion of bowel change it may be necessary to obtain barium enema in this patient.

A double lumen left nephro-ureteral stent is in good position unchanged from previous studies. There is no pneumoperitoneum. There is no bowel obstruction. I can't exclude intramural air or an underlying abscess. Grossly skeletal structures are normal.

**IMPRESSION:** Good position of the left nephro-ureteral stent.

No other abnormalities are seen. Contrast is seen throughout the colon with no evidence of obstruction. There is a question of filling defect in the left descending colon which could simply be an artifact of fecal debris and poor filling. Based on these limited images, I can't really comment further on the appearance of the descending colon only to say that the appearance does mimic that of a constricting lesion and it may be necessary to obtain further images.

**JOSEPH ULLMAN, M.D.** /sab

D: 09/20/97 T: 09/22/97

cc

PAUL MAILHOT, M.D.  
X-RAY BACK OFFICE  
X-RAY FRONT OFFICE  
CARL W. CARLSON, M.D.  
MICHAEL BOHLINGER, M.D.  
PHYSICIAN BILLINKI  
RAD

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(F)  
(C)  
(C)



ST MARYS REGIONAL MEDICAL CENTER LEWISTON, MAINE 04240 (207)777-8400  
DAVID GALLICK, M.D., DIRECTOR, DEPARTMENT OF PATHOLOGY

D/A D 22-SEP-97/A 16-SEP-97  
ACCT 7259582  
MREC 221342  
TYPE I  
SEX M  
DIAG LEFT RENAL COLIC 2ND U-P

+++++ LEGEND +++++  
X=RETEST O=PICKED UP ?=PENDING C=CRITICAL I=I.O H=HIT \*-DELTA \*-NEW C3=OLD VALUE

# HEMATOLOGY/COAGULATION

		ID:25672	ID:25353	ID:25024	STAT:24284	STAT:24177
	NORMAL	0450	0435	0245	1409	0235
TEST	RANGE	20-SEP-97	19-SEP-97	18-SEP-97	16-SEP-97	16-SEP-97
WBC	4.5-11.0 X10 <sup>3</sup>	11.8 H	9.4	11.2 H		7.2
RBC	4.7-5.1 X10 <sup>6</sup>	4.03 L	3.64 L	3.77 L		4.17 L
HGB	14-18 G/DL	13.2 L	12.0 L	13.0 L		14.7
HCT	42-52 %	38.1 L	34.8 L	37.0 L		39.1 L
MCV	80-94 FL	94.6 H	94.7 H	93.3		94.7 H
MCH	27-31 PG	32.9 H	32.6 H	32.8 H		34.3 H
MCHC	33-37 G/M	34.7	34.4	35.1		36.7
RDW	11.5-14.3 %	11.3 L	11.7	11.5		11.4 L
PLATELET COUNT	130-400 X10 <sup>3</sup>	265	222	257		268
MPV	7.4-10.4 FL	8.0	8.2	8.2		7.6
LYMPS (COULTER)	20-35 %	11.3 L	16.7 L	16.6 L		19.4 L
MONO (COULTER)	0-15 %	17.9	15.2 H	14.4		14.0
GRAN (COULTER)	55-81 %	72.7	65.2	67.3		64.2
EOS (COULTER)	0-3 %	1.7	2.5	0.9		1.8
BASE (COULTER)	0-1 %	0.4	0.4	0.8		0.8
SEG	55-75 %	78.0 H				
BAND	0-6 %	1.0				
LYMPH	20-35 %	9.0 L				
MONO	0-15 %	9.0				
EOS	0-3 %	2.0				
BASE	0-1 %	1.0				
ATYPICAL LYMPH	0-0 %	0.0				
RETICULOCYTE	0-0 %	0.0				
MYELOCYTE	0-0 %	0.0				
BLASTS	0-0 %	0.0				
WBC/100WBC'S	0-0	0.0				
PLATELET ESTIMATE		NORMAL				
PROTHROMBIN TIME	11.0-13.3 SEC			12.3		
INR	2.0-3.5			1.03 L		
APTT	21.3-31.9 SEC			22.6 L		

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CHEMISTRY - CARDIAC/LIPIDS				
	ID:25640	ID:25353	STAT124484	STAT124177
	0635	0635	0525	0935
TEST	19-SEP-97	19-SEP-97	17-SEP-97	16-SEP-97
CA	8.7-10.7 MG/DL			9.8
PHOS	2.4-4.6 MG/DL			3.3
BLU	70-108 MG/DL			106
CHOL	7-22 MG/DL	5 L	3/R L	5 L
CHOL	0.6-1.2 MG/DL	1.0	0.8	0.8
URIC ACID	3.5-7.8 MG/DL			4.2
CHOLESTEROL	0-179 MG/DL			182
TOTAL PROTEIN	6.0-8.3 G/DL	6.6		7.4
ALBUMIN	3.5-4.8 G/DL	3.3 L		4.4
GLOBULIN	2.3-3.5 G/DL	3.3		3.0
A/G RATIO	1.1-1.8	1.0 L		1.5
TOTAL BILIRUBIN	0.3-1.2 MG/DL	1.4 H		1.5 H
DIRECT BILIRUBIN	0.0-0.4 MG/DL	0.3		
INDIRECT BILIRUBIN	0.0-0.8 MG/DL	1.3 H		
ALKALINE PHOS	37-107 U/L	79		87
LDH	74-172 U/L	160		128
SGOT	8-42 U/L	57 H		55 H
SGPT	0-55 U/L	75 H		
GGT	8-69 U/L	116 H		
AMYLASE	34-122 U/L	31 C		47
NA	135-145 MEQ/L	141	140	140
K	3.8-5.2 MEQ/L	4.0	3.9	3.8
CL	98-108 MEQ/L	101	107	102
CO2	23-33 MEQ/L	29	33	30

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